

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2014 APR 16 AM 11:07
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5 **FEC MAIL CENTER**

Dr. Brad Allen for Congress

ADDRESS (number and street) ▼

PO Box 88

Check if different than previously reported. (ACC)

Summerland

CA

93067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00557124

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
01 / 01 / 2014

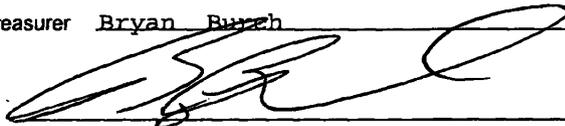
through

MM / DD / YYYY
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bryan Burch

Signature of Treasurer



Date

MM / DD / YYYY
04 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

14031220038

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dr. Brad Allen for Congress

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4,041.00	4,041.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4,041.00	4,041.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	159.37	159.37
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	159.37	159.37
8. Cash on Hand at Close of Reporting Period (from Line 27)	3,881.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14031220039

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dr. Brad Allen for Congress

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3,250.00
791.00
4,041.00
0.00
0.00
0.00
4,041.00

3,250.00
791.00
4,041.00
0.00
0.00
0.00
4,041.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00
0.00
0.00

0.00
0.00
0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4,041.00

4,041.00

14031220040

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES	159.37	159.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	159.37	159.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	4,041.00
25. SUBTOTAL (add Line 23 and Line 24)	4,041.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	159.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	3,881.63

14031220041

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial)
Harvey Silverman

Mailing Address
13121 Mindanao Way No. 7
City State Zip Code
Marina Del Rey, CA 90292

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Occupation
Jewelry Designer

Receipt For: P2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1,000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2014

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
John Hagan

Mailing Address
409 NW Briarcliff Parkway
City State Zip Code
Kansas City, MO 64116

FEC ID number of contributing federal political committee. **C**

Name of Employer
Discover Vision Centers Occupation
Physician

Receipt For: P2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Tony Puckett

Mailing Address
143 Lake Aluma Drive
City State Zip Code
Oklahoma City, OK 73121

FEC ID number of contributing federal political committee. **C**

Name of Employer
OU Health Services Center Occupation
Physician

Receipt For: P2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Amount of Each Receipt this Period
1,750.00

14031220042

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 2 OF 2			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

Full Name (Last, First, Middle Initial) A. Ronnie Sheena		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 117 Marrackech Ct City State Zip Code Bellaire, TX 77401		Amount of Each Receipt this Period 1,000.00	
FEC ID number of contributing federal political committee. C		Name of Employer Associates in Medicine	
Occupation MD		Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1,000.00			

Full Name (Last, First, Middle Initial) B. Adam Treiger		Date of Receipt MM / DD / YYYY 03 / 27 / 2014	
Mailing Address 4590 E. Thousand Oaks Blvd., Suite City State Zip Code Westlake Village, CA 91362		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer Stowell, Zeilenga, Ruth, Vaughn & Trei	
Occupation Attorney		Receipt For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY	
Mailing Address City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		Name of Employer	
Occupation		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date			

SUBTOTAL of Receipts This Page (optional).....	1,500.00
TOTAL This Period (last page this line number only).....	3,250.00

14031220043

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
-----------------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A. Full Name (Last, First, Middle Initial) eFundraising Connections		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014	
Mailing Address 2131 Capitol Ave., Ste. 306		Amount of Each Disbursement this Period 23.75	
City Sacramento, CA 95816	State CA	Zip Code 95816	Category/ Type 001
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

B. Full Name (Last, First, Middle Initial) US Bank		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014	
Mailing Address 936 State Street		Amount of Each Disbursement this Period 21.00	
City Santa Barbara, CA 93101	State CA	Zip Code 93101	Category/ Type 001
Purpose of Disbursement Bank Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

C. Full Name (Last, First, Middle Initial) eFundraising Connections		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014	
Mailing Address 2131 Capitol Ave., Ste. 306		Amount of Each Disbursement this Period 105.50	
City Sacramento, CA 95816	State CA	Zip Code 95816	Category/ Type 001
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	150.25
TOTAL This Period (last page this line number only).....	

1403122004A

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dr. Brad Allen for Congress

A.	Full Name (Last, First, Middle Initial) eFundraising Connections	Date of Disbursement MM/DD/YYYY 03/31/2014
	Mailing Address 2131 Capitol Ave., Ste. 306	Amount of Each Disbursement this Period 9.12
	City State Zip Code Sacramento, CA 95816	Category/ Type 001
	Purpose of Disbursement Credit Card Processing Fees	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: P2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	State: District:	

B.	Full Name (Last, First, Middle Initial)	Date of Disbursement MM/DD/YYYY
	Mailing Address	Amount of Each Disbursement this Period
	City State Zip Code	Category/ Type
	Purpose of Disbursement	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	State: District:	

C.	Full Name (Last, First, Middle Initial)	Date of Disbursement MM/DD/YYYY
	Mailing Address	Amount of Each Disbursement this Period
	City State Zip Code	Category/ Type
	Purpose of Disbursement	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9.12
TOTAL This Period (last page this line number only).....	159.37

14031220045

4/15/2014

From: (914) 476-8926
Political Finance Solutions

1022 G Street
Sacramento, CA 95814

Origin ID: BLUA

8904
04.16

Express



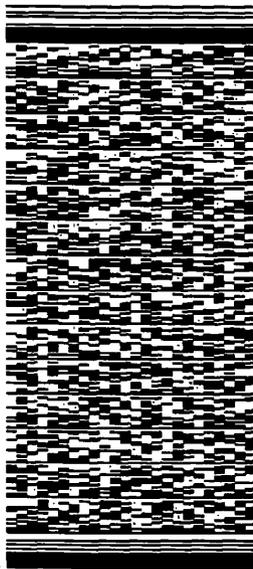
J14101402070326

BILL SENDER

SHIP TO: (916) 476-6926

Campaign Statements
Federal Election Commission
999 E Street, NW

Was, DC 20463



ExShip Manager - Print Your Label(s)

Ship Date: 15APR14
ActWgt 0.1 LB
CAD: 104270039/INET3490

Delivery Address Bar Code



Ref # Brad Allen Congress
Invoice #
PO #
Dept #

9227652 04/15 52561/7809/F220

WED - 16 APR AA
STANDARD OVERNIGHT

TRK# 7985 5786 8904

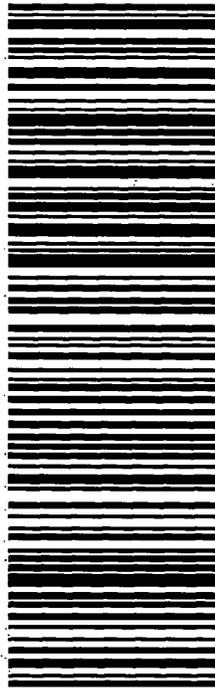
0201

XC RDVA

20463

DC-US

IAD



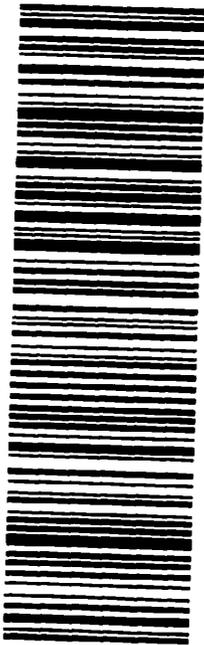
WED - 16 APR AA
STANDARD OVERNIGHT

TRK# 7985 5786 8904

XC RDVA

20463

DC-US IAD



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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>4/15/14</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

AAO
 PREPARER
 (8/2013)

4/16/14
 DATE PREPARED

14031220047